



City of Arlington Housing Rehabilitation Program Forgivable Loan Preliminary Application

**The purpose of this form is to place your name on the Rehabilitation Waiting List.
This form does not qualify your household for participation in this program.**

You may qualify for this program if you meet the following requirements:

- ❖ Must reside within the city limits of Arlington, TX.
- ❖ Must own or be in the process of purchasing a home that has been vacant at least 90 days (contract for deeds or land contracts are not considered a means of purchase).
- ❖ Must meet the Department of Housing and Urban Development's definition of low income based on verified gross household income and household size.
- ❖ Must have standard homeowner's insurance.
- ❖ Must be current on property taxes.
- ❖ Must not have more than two eligible liens against the home.
- ❖ Must certify that the property is not being offered for sale and is the primary residence.
- ❖ Homes must have a market value as listed on the Tarrant Appraisal District (TAD) website of less than the annual FHA 203(b) limit.

HUD Income Guidelines for PY 2007

Household Size	1	2	3	4	5	6	7	8
Income Limit (<80% MI)	\$35,500	\$40,550	\$45,650	\$50,700	\$54,750	\$58,800	\$62,850	\$66,900

Race and Ethnicity of Head of Household (Check One)

(This information is being collected to assure compliance with fair housing and equal opportunity rules).

Do you consider yourself to be Hispanic? _____ Yes _____ No

Please check the appropriate race category for your household.

____ White ____ Black ____ Asian/Pacific Islander ____ American Indian/Alaskan Native
____ Native Hawaiian/ Other Pacific Islander

Multi-race:

____ American Indian/Alaskan Native & White ____ Asian & White ____ Black/African American & White
____ Other
____ American Indian/Alaskan Native & Black/African American



WAITING LIST APPLICATION

SECTION A. APPLICANT DATA

Please include all types of income such as alimony, child support, savings, investments, real estate, part-time and full-time wages, Social Security Benefits, TANF, etc.

DATE _____

HEAD OF HOUSEHOLD

NAME _____

SOCIAL SECURITY # _____

ADDRESS: _____ ZIP CODE: _____

YEARS AT CURRENT ADDRESS: _____ PHONE: _____

IS THIS YOUR PRIMARY RESIDENCE? _____ Yes _____ No

DATE OF BIRTH: _____ AGE: _____

INCOME _____ MO/YR

SPOUSE

NAME _____

SOCIAL SECURITY # _____

INCOME _____ MO/YR

OTHERS RESIDING IN HOME

1) NAME _____ RELATIONSHIP _____

SOCIAL SECURITY # _____ AGE _____

INCOME _____ MO/YR



2) NAME _____ RELATIONSHIP _____

SOCIAL SECURITY # _____ AGE _____

INCOME _____ MO/YR

3) NAME _____ RELATIONSHIP _____

SOCIAL SECURITY # _____ AGE _____

INCOME _____ MO/YR

4) NAME _____ RELATIONSHIP _____

SOCIAL SECURITY # _____ AGE _____

INCOME _____ MO/YR



REASONABLE ACCOMODATION INFORMATION

The information gathered in this section will help the City of Arlington, Housing Rehabilitation Program, better serve the housing needs of persons with disabilities. The special features are known as “reasonable accommodations.” A reasonable accommodation is a change that can be made to allow a person with disabilities to have the same opportunity for housing as any other applicant. **YOU ARE NOT REQUIRED TO DISCLOSE A DISABILITY. THIS INFORMATION, IN PART, WILL BE USED IN DETERMINING THE ORDER IN WHICH YOUR APPLICATION WILL BE PROCESSED.**

I am not requesting a reasonable accommodation at this time.

☐

If you are requesting a reasonable accommodation, complete the questions below:

1. Do you need parking for a raised roof van or wheelchair lift? ☐ Yes ☐ No
2. Do you or anyone you live with use any of the following devices? (Check all that apply):
☐ Wheelchair ☐ Walker ☐ Crutches ☐ Cane ☐ Other (specify) _____
3. What, if any, modifications do you or anyone in household need in your bathroom?
(Check all that apply)
☐ Grab bars ☐ Roll in shower ☐ Extendable hand shower ☐ Raised toilet seat
☐ Lower toilet seats ☐ Extended handles on faucets
☐ Other (specify) _____
4. Is it hard for you or anyone who will live with you to:
☐ Open room doors ☐ Open kitchen appliances such as refrigerator, stove, microwave
☐ Turn on sinks, tubs, flushing toilets ☐ Lift ☐ Reach
☐ Other (specify) _____
5. Do you need:
☐ Lower light switches ☐ Lower room temperature control (thermostat)
☐ Adjustment of plumbing fixtures (sinks, toilets, tubs, showers, etc.)
☐ Adjustment of electrical appliances (refrigerators, stoves, laundry machines)
☐ Adjustment of table/counter height
☐ Other (specify) _____
6. Do you need flashing warning lights for:
☐ Smoke-detection ☐ Doorbell ☐ Security purposes
7. Do you or anyone you live with use a service animal? ☐ Yes ☐ No



8. Do you or any household member need any accommodation (s) not mentioned? ☐ Yes ☐ No
If yes, please indicate how the City of Arlington, Housing Rehabilitation Program could accommodate your family:

SIGNATURE OF APPLICANT

SIGNATURE OF CO-APPLICANT

WARNING: IT IS A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION (SECTION 1001 OF TITLE 18, U.S. CODE).